

Warrick County Health Department
107 W. Locust St., Suite 204
Boonville, IN 47601
Phone: (812) 897-6105 (Ext.5)
Fax: (812) 897-6104

Application for 2015 Food Permit: Temporary/Mobile
Establishment
All fields must be completed.

Business

Facility Name:			
Physical Address:			
Street		City	State Zip
Mailing Address (if different):			
Street		City	State Zip
Phone Number:		Fax Number:	
Email Address:			
Certified Food Safety Employee(s):			
Manager / On-Site Supervisor:			
Business Hours:		Number of Employees:	
Has ownership changed within the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Business: <input type="checkbox"/> Permanent* <input type="checkbox"/> Mobile / Temporary			
<small>*This application is for Mobile/Temporary facilities only. Permanent establishments need to obtain the proper application.</small>			
Owner			
Owner Name:		Phone Number:	
Mailing Address:			
Street		City	State Zip
Phone Number:		Fax Number:	
Email Address:			
Which address should permit be mailed to?		<input type="checkbox"/> Facility <input type="checkbox"/> Owner	
Permit Fee Schedule:			
Mobile Unit		<input type="checkbox"/>	\$75
Temporary Establishment		<input type="checkbox"/>	\$75
Mobile/Temp. Facility only operating after June 30		<input type="checkbox"/>	\$50

Amount of Fee Submitted: \$ _____

Method of Payment: Cash _____ Check _____ Money Order: _____

Signature _____ Date _____

Printed Name _____ Title _____

For office use only: Permit # _____